

## Program Description

Child Family Health International (CFHI) is a nongovernmental organization (NGO) that places health science students in global health education programs in ways that are socially responsible and financially just. This April, I will be traveling to Durban, South Africa as part of CFHI's HIV/AIDS and Healthcare Global Health Service Learning Team. While in Durban, I will assist in Public Health Clinics and AIDS Hospices while learning more about the challenges faced by the post-apartheid public healthcare system including HIV/AIDS, environmental health issues, and other underlying causes of poor health in the region.

Durban is in the heart of Kwa-Zulu Natal province in South Africa. It is home of the Zulu nation and now an extremely diverse city, very representative of South Africa. Durban has an important history in the political development of the country throughout the apartheid era, it being the site of the first African National Congress (ANC) national convention, and also where the young Mahatma Gandhi was inspired to lead movements based in nonviolent principles. Its political history combined with some of the most notable health challenges facing sub-Saharan Africa today makes Durban an ideal location to spend time attempting to understand common complexities of public health and primary care.

South Africa is one of the countries hardest hit by the global AIDS pandemic, over 18.8% of the population is estimated to be infected. The national average of HIV+ women attending state antenatal clinics in 2005 was 30.2%. The Kwa-Zulu province, where Durban is located, has the highest prevalence of the nation at 39.1%. The impact of HIV/AIDS reaches into each and every aspect of life in South Africa and is most catastrophic at household level. Increasing levels of HIV/AIDS morbidity and mortality pose a serious threat to food security and nutrition in households. Families lose income earners, household expenditure is redirected to cover non-food items such as medical costs and funerals, children are taken out of school for lack of fees or to care for sick relatives, workers have to take time off to provide terminal care, resources may have to be shared with more dependents, and productive assets are sold off. The lack of a social security net and high levels of unemployment in South Africa mean that poor households and communities slip further and further into poverty and deprivation. Invariably the burden of coping falls on women, particularly girls and grandmothers.

While in Durban, I will rotate through a number of hospitals and clinics including community clinics, hospices, AIDS care centers, and orphanages addressing the needs of children orphaned by AIDS. While I am not sure exactly what I will see and hear, I know it will not be easy. However, as a future physician, I plan to dedicate my medical career to working to fight the AIDS epidemic and feel so

fortunate to be offered an opportunity such as this. I have been involved in HIV/AIDS prevention and treatment work since my undergraduate years and have worked with prevention education, needle-exchange programs, as a test-counselor/educator, in immunological research, and as an emotional and practical support volunteer at a Zen AIDS hospice. Though my experiences have varied greatly, common issues include a lack of resources, a lack of cultural competency, and political/economic barriers. I am interested to learn how these issues are dealt with in a country, such as South Africa, where they are significantly more acute than in the US. I hope to actively engage with patients, physicians, and healthcare workers to learn more about the obstacles they face and how they do so; then bring this knowledge back to my public health work in the US. I also currently give presentations on behalf of the Global Coalition for Microbicides, which emphasizes the increasing rates of HIV infection among the women and girls of Africa, and I feel that actually bearing witness to this will help me to educate others about the public health and AIDS crises in Africa.

My objectives with this program are as follows:

Service Objectives:

- Be an active listener and witness to patients, physicians, and healthcare workers dealing with the public health and HIV/AIDS crises in South Africa.
- Support healthcare efforts in Durban to the fullest capacity possible while in this program.
- Serve as an ambassador and educate people in the US about the public health and HIV/AIDS crises in South Africa.

Learning Objectives:

- Learn how clinics and healthcare workers deal with a lack of resources and other socioeconomic barriers in their provision of care.
- Learn about the impact of apartheid and post-apartheid conditions on public health in South Africa and learn more about all aspects of South African culture(s).
- Learn more about diseases more commonly seen in underserved and less developed parts of the world.

For more information on my project and experience, my blog can be found at:  
<http://juliebrooker.blogspot.com/>